



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 001668279

**2. Name of Corporation** DIABETES CURE RESEARCH FOUNDATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 216 BROWN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

SAID CORPORATION IS A NONPROFIT PUBLIC BENEFIT ORGANIZATION THAT IS ORGANIZED AND SHALL OPERATE EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, AND SCIENTIFIC PURPOSES AS SPECIFIED WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 (OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW AND THE REGULATIONS PROMULGATED THEREUNDER). SUCH PURPOSES SHALL BE FURTHERED BY ACTIVITIES WHICH INCLUDE PROVIDING ASSISTANCE TO HEALTH AND MEDICAL

CHARITIES THAT WISH TO PARTICIPATE IN WORKPLACE GIVING CAMPAIGNS, AND THE TRANSACTING OF ANY OTHER LAWFUL ACTIVITY OR BUSINESS IN WHICH NONPROFIT CORPORATIONS MAY BE ENGAGED UNDER THE RI NONPROFIT CORPORATION ACT.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	DIANE DONALDSON	280 FORE STREET PORTLAND, ME 04101 USA
DIRECTOR	JOSH FEARON	260 MAIN STREET BIDDEFORD, ME 04005 USA
DIRECTOR	CARLEE EVANS	1004 RIVER ROAD BIDDEFORD, ME 04064 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHEAL A. LUCAS, CPA 643 METACOM AVENUE BRISTOL , RI 02809

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 5 Day of July, 2017 at 3:02:36 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By HEIDI HOWARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07